

COGNITIVE STYLE AND ATTITUDINAL CORRELATES OF THE PERCEIVED CAUSES OF RAPE SCALE

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This study examines the relations between beliefs about the causes of rape and attitudinal and cognitive style (the tendency to think about social problems systemically, the view of people as complex and changeable, and an intellectual personality) measures in a sample of 270 community-college students. The Perceived Causes of Rape (PCR) Scale included the following subscales: Male Dominance, Society and Socialization, Female Precipitation, Male Sexuality, and Male Hostility. Beliefs about the causes of rape varied on three dimensions: individual versus sociocultural causes of rape, those causes that focus on the perpetrator versus those that focus on the victim, and rape myths versus feminist beliefs. The causes of rape identified as rape myths were associated with male sexuality stereotypes, a version of Burt's (1980) Rape Myth Acceptance Scale, attitudes toward feminism, and self-identification as a feminist. Agreement with the sociocultural causes of rape was associated with cognitive style measures and age. We suggest that belief in sociocultural causes of rape may require a predisposition to think systemically as much as an ideological stance.

Since 1980, with the publication of Burt's (1980) Rape Myth Acceptance (RMAS) Scale, an extensive amount of research has been devoted to rape myths. Rape myths have been defined as "prejudicial, stereotyped, or false beliefs about rape, rape victims, and rapists (that) create a climate hostile to rape victims" (Burt, 1980, p. 217) or that "serve to deny and justify male sexual aggression against women" (Lonsway & Fitzgerald, 1994, p. 134). Rape myths include beliefs about the causes of rape, such as beliefs that blame victims and

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exonerate perpetrators, but do not focus on the broad range of beliefs people hold about the causes of rape. Further, although rape-myth measures reflect feminist concerns that women victims are seen as precipitating and responsible for rape, they do not directly assess views about the causes of rape that are derived from feminist theory and the feminist antirape movement (e.g., Brown-miller, 1975; Griffin, 1975; Millett, 1970; Russell, 1984).

The Perceived Causes of Rape Scale

The Perceived Causes of Rape (PCR) Scale provides assessment of a range of people's beliefs about the causes of rape that are not exclusively rape myths. The PCR was developed inductively from principle-components analysis of agreement with a broad set of beliefs about the causes of rape that included feminist theory (see Method section for description of Scale development). The resulting five subscales measure the beliefs that rape is caused by Female Precipitation, Male Sexuality, Male Hostility, Male Dominance, and Society and Socialization. Assuming that the perpetrator is male and the victim female, the five measures can be differentiated on three conceptual dimensions. The first dimension is that of individual or proximal causes that attribute rape primarily to perpetrators and victims (Female Precipitation, Male Sexuality, Male Hostility) versus sociocultural, structural, or distal causes (Male Dominance, Society/Socialization) that are constructed in a cultural system of beliefs and practices. Within the individual causes, a second dimension centers on those beliefs that focus on the victim (Female Precipitation) versus the perpetrator (Male Sexuality, Male Hostility). A third dimension is the comparison of those beliefs that are consistent with feminist theory about rape (Male Dominance, Society/Socialization, Male Hostility) and those that assess rape myths (Female Precipitation, Male Sexuality). The purposes of this study were to validate the PCR by confirming its factor structure and to test hypotheses regarding theoretically relevant correlates of each subscale, including gender-related differences.

Individual Causes of Rape

Female Precipitation

Causal beliefs that focus on the (female) victim, such as victim masochism ("She enjoys/wants it"), victim precipitation ("She asks for/deserves it"), and victim fabrication ("She lies about it/exaggerates") (Koss et al., 1994), are the most heavily researched rape causal beliefs and are included in most scales assessing belief in rape myths (Lonsway & Fitzgerald, 1994). Female precipitation (FP), in particular, places the blame for rape on the victim by suggesting that the rape was provoked in some way by the victim (Lonsway & Fitzgerald, 1994).

By blaming female victims, the female-precipitation beliefs are antithetical

to feminist ideology. Indeed, from its inception the feminist antirape movement (Connell & Wilson, 1974; Sanday, 1996) has sought to disaffirm these beliefs as much as to propose its own interpretations of the causes of rape. A number of studies have found a connection between victim blame and negative attitudes toward women, feminism, and the women's movement, and belief in traditional gender roles (Bell et al., 1992; Check & Malamuth, 1985; Costin & Schwarz, 1987; Feild, 1978; Senn & Radtke, 1990). We expected that positive attitudes toward feminism and the women's movement and self-identification as a feminist would be negatively associated with the Female Precipitation subscale. To provide convergent validity for the Female Precipitation factor of the PCR, we expected the Female Precipitation subscale to be associated with a rape-myth scale commonly used to assess victim-precipitation beliefs (Briere, Malamuth, & Check, 1985).

Male Sexuality

Men's uncontrollable sexuality as a cause of rape focuses on the perception of men as hypersexual beings. As argued by Burt (1991), the belief that men cannot control their sexual urges functions similarly to female victim-precipitation beliefs, holding female victims responsible for rape. If he cannot control his sexual urges, then it is her responsibility not to provoke him. Male sexuality (MS) as a cause of rape has been criticized by feminists who argue that it is society, not biology, that determines the expression of sexuality (Sanday, 1981). The male sexuality belief indirectly supports a construction of sexuality that sees men as out of control and women as always in control.

Male sexuality has been accepted as a cause of rape by both adolescents (Hall, 1987) and college students (Lottes, 1991). Twenty-five percent of the men and women in Lottes' study agreed with the statement, "Sex rather than power is the primary motivation for rape." Because the idea of men's uncontrollable passions is based on sexuality stereotypes, we expected that the endorsement of male sexuality as the cause of rape and stereotyped beliefs about male sexuality (e.g., the idea that men are always ready for sex and that touching leads to sex) would be positively related. Despite recent feminist works that have revisited the issue of whether sexual violence is only about power or about sex as well (i.e., MacKinnon, 1987; Sheffield, 1995), most feminist analyses have emphasized that rape is about power, not the expression of "sex-craved" men (Burt, 1980). Based on a common thread in feminist theory that sex is not the motive for rape, we expected male sexuality to be negatively associated with feminist self-identification and attitudes toward feminism and the women's movement.

Male Hostility

Male hostility (MH) as a cause of rape suggests that men's hostility and anger toward women cause rape. Two versions of male hostility exist, one more extreme than the other. The more extreme version of male hostility, which Burt (1991) lists as a rape myth, suggests that rapists are sick, deviant, and extremely pathological persons, a deviant fringe of the male population. Belief

in male psychopathology, specifically the idea that rapists are mentally ill, has been found in studies of adolescents (Hall, 1987), college students (Gilmartin-Zena, 1987), and adult populations (Harbridge & Furnham, 1991).

The less extreme version suggests that although rapists may experience feelings of inadequacy and may have had abusive childhoods, they are not crazy or mentally ill in the usual sense. Although both ideas focus on the internal traits and motivations of rapists, the difference between them is that the male psychopathology view of rape, the idea that men who rape are mentally ill, marginalizes rape, whereas the male hostility and anger view locates rapists within the realm of normal psychology.

One purpose of the present study was to determine whether the beliefs that rapists are mentally ill versus hostile toward women are different in their factor structure and correlates. If male psychopathology operates as a myth (Burt, 1991) and male hostility as an empirically grounded explanation of sexual violence (Malamuth, Linz, Heavey, Barnes, & Acker, 1995), then we would expect differential correlates of these two domains. Although feminist writings on rape espouse systemic causes of rape (Brownmiller, 1975), feminists and those sympathetic to the feminist movement may agree that misogyny at a cultural level gets internalized as male hostility on an individual level. Based on the content of the items on the MH subscale as reflecting male hostility rather than male psychopathology, we expected that belief in male hostility would be positively associated with support of feminism and the women's movement and self-identification as a feminist. To clarify the construct measured by the MH subscale, we also assessed beliefs focusing directly on rapists as crazy and mentally ill.

Sociocultural Causes of Rape

Feminists have proposed male dominance and society/socialization as causes of rape. A feminist analysis of rape does not simply blame individual men. Rather, it indicts the entire culture in which rape occurs. Originating from Brownmiller's (1975) seminal work, a feminist analysis of rape causality is rooted in gender stereotypes, unequal power between women and men, and the structural conditions that maintain unequal power (Burt, 1991; MacKinnon, 1987). Feminist perspectives also emphasize the role of social and socialization processes that train men to be aggressive and dominant, cultural beliefs that support male dominance (Sanday, 1981), and the depictions of violence against women on television, in movies, and in pornography (MacKinnon, 1993) in maintaining a rape-prone culture. Gender inequality is critical to a feminist analysis of rape, with rape both expressing and sustaining male dominance and power.

Though similar in that they are both structural and distal belief systems that are supported by feminist rape ideology, male dominance and society/socialization as causes of rape are distinguishable on a conceptual level. Male dominance centers on a political analysis of gender inequality, focusing on the

disparity in power and unequal status between women and men as the cause of rape, a manifestation of a patriarchal system (Sheffield, 1995). In contrast, society/socialization is not overtly politically based and assesses the idea that rape is caused by social and socialization processes that foster male aggression against women.

Although male dominance and society and socialization are the foundations of the feminist model of rape, few studies have investigated people's acceptance of structural causes of rape. Two studies by Gilmartin-Zena (1987, 1988) found that college students believe that intrapersonal factors, more than structural factors, are responsible for rape. In an adult English sample, Harbridge and Furnham (1991) found that students and workers agreed with societal explanations of rape, such as male dominance and pornography. Among mental health professionals, Resick and Jackson (1981) found that more women than men blamed rape on a sexually unhealthy society.

Attributing rape to systemic or sociocultural explanations involves overcoming correspondence bias, that is, the tendency to overemphasize dispositional explanations of behavior (Gilbert & Malone, 1995; Ross, 1977). In the case of rape, correspondence bias would lead to the tendency to limit causal beliefs to individual victims or perpetrators and to minimizing systemic causes of rape. Considering the prominence of individual and dispositional explanations for behavior in American culture (Lippa, 1994), acknowledging systemic causes of rape can be difficult. To attribute rape to systemic causes, the observer must broaden her or his focus from individual members of a society to the society at large and infer causality from a more conceptual framework than is the case when attention is focused on individual perpetrators or victims. Thus, we expected that belief in systemic causes of rape would reflect a way of thinking as much as a set of particular attitudes—specifically, a preference for systemic explanations of behavior across a number of social issues, a complex and variable view of human nature, and the personality dimension of intellect—a dispositional approach to systemic thinking.

To believe that male dominance causes rape requires not only a cognitive style that is intellectual and broad in its level of analysis but also agreement with the idea that the patriarchal system associated with male dominance causes rape. Thus, we expected that feminists and those who have a favorable attitude toward feminism and the women's movement would be more supportive of sociocultural causes of rape than those without a feminist perspective. Lastly, we expected that age would be positively related to the sociocultural beliefs because the ability to think systemically continues to develop in adulthood (Labouvie-Vief, 1984).

Gender-Related Differences on the PCR

In a study of rape causal beliefs among adolescents (Cowan & Campbell, 1995), an abbreviated version of the PCR was administered to a sample of 453 adolescents. The adolescents in this study favored individual over sociocultural

causes of rape, with each gender attributing rape most strongly to the individual characteristics of the cross-gender. Boys rated Female Precipitation and girls rated Male Hostility (previously called Male Pathology) and Male Dominance significantly higher than the other causes.

Consistent with previous research reviewed in Lonsway and Fitzgerald (1994), we expected that men would agree more with the victim-precipitation causes than women. Male Dominance and Male Hostility blame men for rape, either collectively or individually, and women should agree with these beliefs more than men. The tendency for men to attribute rape to women and women to men may be explained by the actor-observer attributional effect (Calhoun, Selby, & Warring, 1976), wherein dispositional causes are attributed to others, whereas situational causes are attributed to the self. If women and men identify with their same gender in a unit relation, they will tend to find cause in the cross-gender.

Although Male Sexuality also locates the responsibility for rape within a male domain, suggesting from the above arguments that women should rate Male Sexuality higher than men, Male Sexuality also views rape as caused by an uncontrollable element inherent in men's sexual nature, and hence, does not hold men responsible for rape. Thus, we did not expect a gender-related difference in Male Sexuality beliefs.

METHOD

Participants

The participants were solicited from two Southern California, San Bernardino County community colleges, four classes in humanities and two in social science. A total of 270 students participated, 78 males and 192 females. The mean age of the sample was 23.70 ($SD = 9.58$). Eighteen (6.7%) were African American, 13 (4.9%) were Asian American, 158 (59.2%) were Caucasian, 64 (24%) were Hispanic Latino(a), 3 (1.1%) were Native American, and 11 (4.2%) classified themselves as "other." The majority of participants (172 or 65.9%) earned less than \$10,000 per year, 38 (14.6%) earned between \$10,001–\$20,000, whereas the remaining 51 (19.5%) earned over \$20,000 annually.

Measures

Unless otherwise specified, the measures used in this study and in the pilot sample were presented in a 7-point Likert-response format ranging from 1 = *strongly disagree* to 7 = *strongly agree*.

The Perceived Causes of Rape Scale

The PCR Scale was developed by administering 57 items on the causes of rape to 238 4-year state college students in 1993, prior to the study of adolescent

rape beliefs (see Cowan & Campbell [1995] for description of pilot study). The initial pool of items was generated from the theoretical and popular literature on causes of rape. Examples of professional sources include: Amir (1971), Brownmiller (1975), Burt (1980, 1991), Corcoran (1992), Ellis (1991), and Prentky and Quinsey (1988). The items covered the following areas: antirape feminist views about rape, beliefs that hold victims and victims' behavior responsible for rape, beliefs that rape is caused by power or by sex, societal influences on rape, situational stressors and influences, male membership in groups, biological factors, the media, and men's beliefs and behaviors toward women. The stem "Rape is caused by . . ." preceded the items.

A 5-factor solution accounted for 45.1% of the variance and was retained. It included the following factors: Male Dominance, Female Precipitation, Society and Socialization, Male Sexuality, and Male Hostility. The number of items in each scale was reduced for administration to high-school students with a resulting 25-item scale with five items selected for each factor.

In the pilot sample, gender-related differences were found on four of the five subscales (see Cowan & Campbell, 1995). Women scored higher than men on Male Dominance, Society/Socialization, and Male Hostility. Men scored higher than women on Female Precipitation.

In the present study, the scale was lengthened to 29 items, adding four items from the pilot study that showed the highest loadings on their respective factors. An additional three items were added to the PCR for a total of 32 items. Two items, "Men who are different from the average 'guy next door' (e.g., men who are 'weirdos')" and "Men who are sick or mentally ill individuals," were added to assess belief in the idea that rapists are crazy or mentally ill. One item, "Men's sexual needs being greater than women's," was added in an attempt to improve the previous reliability ($\alpha = .77$) of the Male Sexuality scale.

Victim Precipitation Rape Myths

A limited version of Briere et al.'s (1985) factor-analyzed revision of Burt's (1980) Rape Myth Acceptance Scale was used to assess convergent belief in victim precipitation rape myths. The 11 items, loading on two factors, "Victim Responsible for Rape" and "Rape Only Happens to Certain Kinds of Women," were used in the current study, yielding an alpha of .74. A sample item is, "When women go around braless or wearing short skirts and tight tops, they are just asking for trouble."

Cognitive Style

To assess the degree of systemic and complex thinking used when interpreting human behavior, the following constructs were measured: the beliefs that people are complex and variable; sociocultural causal attributional style; and the personality dimension of intellect, openness, or imagination.

The philosophy of human nature that views human behavior as complex was measured by the Complexity of Human Nature Scale, a component of Wrightsman's Philosophies of Human Nature Scale (Wrightsman, 1991). The Complexity of Human Nature Scale consists of 14 items which evaluate the

extent to which people are seen as complex and difficult to understand versus simple and easy to understand. Test-retest and split-half reliabilities of .52 and .58, respectively, have been reported (Wrightsmann, 1991). All 14 items from the complexity scale were used in the present study, yielding an alpha of .65. "Some people are too complicated for me to figure out" is a sample item.

The Variability of Human Nature Scale, also taken from Wrightsmann's (1991) Philosophies of Human Nature Scale, measured the extent of belief in individual differences and changeability in human nature. Respective test-test and split-half reliabilities of .84 and .70 were shown in prior administrations of the 14-item scale (Wrightsmann, 1991), whereas an alpha of .56 was found for the six items used in the present study. A sample item is, "A person's reaction to things differs from one situation to another."

To examine individual versus systemic causal attributional style, participants were presented with a social-issues questionnaire in a semantic differential response format. Respondents were asked to indicate what they believed was the cause of seven social issues ranging on a 7-point scale from 1 = *Individuals* to 7 = *Historical, Political, and Cultural Systems*. The reliability of the scale (alpha) was .64. The issues were: divorce, war, spousal abuse, economic recovery, crime, homelessness, and racism. Scores were summed across the seven items in the direction of historical/political/cultural causal attributions.

Based on the assumption that openness and complexity of thinking are personality characteristics that may facilitate thinking systemically, an abbreviated version of one of the Big Five personality dimensions (PD), Intellect, Openness, or Imagination, was used. Four items were taken from Factor V of Saucier's (1994) 40-item version of Goldberg's (1992) 100-item Big Five factor structure of personality. Coefficient alpha for Factor V was .78 (Saucier, 1994) for the 8-item scale, whereas an alpha of .61 was found for the four items used in the current analysis. Items were presented on a 7-point response format ranging from 1 = *Extremely Inaccurate Description of Me* to 7 = *Extremely Accurate Description of Me*. The four items used were: "philosophical," "complex," "intellectual," and "deep."

Male Sexuality Stereotyping

Acceptance of male sexuality stereotypes was measured by five items taken from the Stereotypes About Male Sexuality Scale (SAMSS), a 10-component inventory constructed by Snell, Belk, and Hawkins (1986) to measure Zilbergeld's (1978) 10 stereotypes about male sexuality. All 10 components loaded on one factor. Three items were taken from "Men Are Always Ready For Sex" and two items were taken from "Touching Leads To Sex." A sample item is, "Many men are dissatisfied with any bodily contact which is not followed by sexual activity." An additional item written by the authors of the current study, "Once a man is sexually aroused and ready to have sex, he can't stop himself" was also included in the questionnaire. The reliability of the five items taken from the SAMSS plus the added item was .82.

Feminist Beliefs and Feminist Self-Identification

Attitudes toward feminism and the women's movement were measured by the 10-item Attitudes Toward Feminism and the Women's Movement (FWM) Scale developed by Fassinger (1994). Cronbach alpha was .89 (Fassinger, 1994) and .83 in the present administration. Convergent, discriminant, and construct validity of the FWM were demonstrated by significant correlations in the expected directions with attitudes toward women, feminism, and egalitarianism, as well as dogmatism and social desirability (Fassinger, 1994). All 10 items were used in the present study. A sample item is, "The leaders of the women's movement may be extreme, but they have the right idea." Scores in this study ranged from 13 to 70 with a M of 42.40 and an SD of 10.20. An additional item not found on the scale, "I consider myself a feminist," was included in the questionnaire to measure self-identification as a feminist ($M = 3.15$, $SD = 1.80$). Forty-nine percent of the respondents scored below the scale midpoint of 4, 30.2% at the scale midpoint, and 20.9% above the scale midpoint.

Type of Rape

Since research on college students has shown different responses to stranger rape and acquaintance rape (Stacy, Prisbell, & Tollefsrud, 1992; Tetreault & Barnett, 1987), one item, "In answering the section of the questions on the causes of rape, what type of rape were you thinking of?" was included, following the PCR. The answer choices were: "Acquaintance Rape (by a date, friend, neighbor, etc.)," "Stranger Rape (by someone totally unknown to the victim)," "Both Acquaintance and Stranger Rape," and "I was not thinking of a specific type of rape."

Procedure

Surveys were distributed to volunteers asked to participate in a study investigating beliefs about human nature and social issues. The students administering the questionnaire were two White female undergraduates, aged 22 and 26. Participants were told that they would be answering questions assessing their beliefs about themselves, human nature, social causes, male sexuality, feminism and the women's movement, and the causes of rape. Because of the length of the questionnaire, surveys were taken home to be completed and were collected at the next class meeting. Participation was anonymous and voluntary, participants signed a consent form, and no extra credit or other rewards for participation were offered.

RESULTS

An orthogonal rotation principle-components analysis was performed on the 32 items (the 29 items from the pilot study, the 1 item added to the MS scale,

and the 2 items generated to assess the idea that rape is caused by men's psychopathology). Six factors emerged, accounting for 61.9% of the variance. Factors 1–5 represent the original five subscales of the PCR, with each of the 29 original items loading on the same factor as they did in the pilot study: Factor 1, Female Precipitation (FP) (6 items), eigenvalue = 7.70, $\alpha = .90$, accounted for 24.1% of the variance; Factor 2, Male Dominance (MD) (6 items), eigenvalue = 4.06, $\alpha = .87$, accounted for 12.7% of the variance; Factor 3, Male Sexuality (MS) (7 items), eigenvalue = 2.84, $\alpha = .83$, accounted for 8.9% of the variance; Factor 4, Society/Socialization (SS) (6 items), eigenvalue = 1.97, $\alpha = .85$, accounted for 6.1% of the variance; and Factor 5, Male Hostility (MH) (5 items), eigenvalue = 1.88, $\alpha = .81$, accounted for 5.9% of the variance. The sixth factor consisted of the two items added to assess the belief that rapists are mentally ill. Factor 6, with an eigenvalue = 1.36 and $r = .66$, accounted for 4.2% of the variance. The items and rotated factor pattern with loadings for each of the 32 items on their respective factors are provided in Table 1. None of the items were cross-loaded on other factors.

Intercorrelations of the Scales of the PCR

The six subscales on the PCR, including Male Pathology, were intercorrelated. Twelve of the 15 correlations were significant, $ps < .05$, with all significant correlations in a positive direction. The nonsignificant correlations were Male Pathology with both Male Dominance and Society/Socialization and Female Precipitation with Male Hostility. The highest intercorrelations were between the two rape myths, FP and MS ($r = .46$, $p < .001$), and between the two systemic subscales, MD and SS ($r = .49$, $p < .001$). These two intercorrelations were significantly higher than the average correlation among each of FP, MS, MD, and SS and the other three scales, FP and MS versus the average correlation between FP and MD, SS, and MH, Hotelling's $t = 3.73$, $p < .001$; FP and MS versus MS and MD, SS, and MH, $t = 3.78$, $p < .001$; MD and SS versus MD and FP, MS, and MH, $t = 3.62$, $p < .001$; and MD and SS versus SS and FP, MS, and MH, the others, $t = 3.37$, $p < .001$.

Scale and Gender-Related Differences on the PCR Scales

A repeated-measures analysis of variance (ANOVA) was performed with gender as the between-subject factor and the six subscale averages as the within-subjects factor. A significant main effect of scales, $F(1, 264) = 50.65$, $p < .001$, and an interaction of scales by gender, $F(5, 1320) = 5.99$, $p < .001$, were found. Significant gender-related differences were found on two of the six subscales, FP and MH. Men rated FP higher than did women, $F(1, 266) = 9.31$, $p < .01$ (M for men = 4.29, $SD = 1.46$; M for women = 3.64, $SD = 1.62$), whereas women rated MH higher than did men, $F(1, 266) = 9.69$, $p < .01$ (M for women = 5.49,

Table 1

Factor Loadings of Perceived Causes of Rape Scale Items

<i>Perceived Causes of Rape</i>	<i>Factor Loadings</i>
Female Precipitation	
Women who tease men.	.85
Women who allow men to intimately touch them.	.85
Women's use of drugs or alcohol.	.80
Women who dress sexy.	.77
Women allowing the situation to get out of control.	.71
Women who do unsafe things (such as being out alone, hitch-hiking).	.68
Male Dominance	
The belief that women are men's property.	.80
The belief that men are dominant over women.	.79
Men's belief that it is their right to use any woman for sex.	.76
The belief that women are inferior to men.	.71
Men's need to put women in their "place."	.69
Men's belief that force is arousing for women.	.67
Male Sexuality	
Men having a stronger sex drive than women.	.82
Men's sexual needs being greater than women's.	.77
Men who don't get enough sex in their relationships.	.71
Men being biologically predators and women, prey.	.64
Men frustrated by unsuccessful sexual relationships.	.62
Men's drive to pass on their genes.	.61
Men who can't control their sexual drives.	.46
Society/Socialization	
Violence toward women in the movies and on television.	.81
Society's acceptance of violence.	.80
Societal portrayals of masculinity as dominant, powerful, and sexually aggressive.	.75
The way the media portray women.	.73
Societal beliefs that dominance and submission are sexy.	.61
Society that trains men to be aggressive.	.51
Male Hostility	
Men acting out their hostility toward women.	.80
Men who get sexual pleasure from force.	.77
Men's anger toward women.	.73
Men's feelings of inferiority, inadequacy, and low self-esteem.	.65
Men unloved, abused, or neglected as children.	.64
Male Pathology	
Men who are very different from the average "guy next door" (e.g., men who are "weirdos").	.74
Men who are sick or mentally ill individuals.	.72

Note. The items are prefaced by "Rape is caused by" . . . in administering the scale.

Table 2
Correlations Between the Scales of the PCR and the
Cognitive Style and Attitudinal Scales

<i>Other Scales</i>	<i>Perceived Causes of Rape Scale</i>					
	<i>MD</i>	<i>SS</i>	<i>FP</i>	<i>MS</i>	<i>MH</i>	<i>MP</i>
Cognitive Style						
Complexity	-.06	-.01	-.08	-.07	-.08	-.13**
Variability	.11*	-.04	-.14**	-.16**	.04	-.15**
Sociocultural AS	.20***	.25***	-.10	-.06	.06	-.11*
PD Intellect	.17**	.23***	.02	-.11*	.14**	.02
Age	.18**	.17**	.05	-.09	.16**	.00
Attitudes and Stereotypes						
FWM	.09	.02	-.22***	-.04	.17**	.01
Feminist Self ID	.11*	.14**	-.11*	.01	.21***	.01
SAMS	.15**	.08	.25***	.39***	.10	.27***
RMA	.03	.06	.50***	.35***	-.17**	.09

Note. Sociocultural AS = Sociocultural Attributional Style; PD Intellect = The Personality Dimension of Intellect, Openness, or Imagination; SAMS = Stereotypes About Male Sexuality; FWM = Attitudes Toward Feminism and the Women's Movement; Feminist Self-ID = Feminist Self-Identification; RMA = Victim Precipitation Rape Myth Acceptance.

* $p < .05$, ** $p < .01$, *** $p < .001$.

$SD = 1.17$; M for men = 4.98, $SD = 1.35$). In addition, although the gender-related difference on the MD scale was nonsignificant, $F(1, 266) = 3.08$, $p < .08$, women rated MD higher than did men. Paired t -tests were used to compare scales within gender and across gender, using a .01 criterion for significance. Among men, Male Hostility was rated highest ($M = 4.98$), not significantly higher than Male Pathology ($M = 4.66$), but significantly higher than the remaining four scales. Male Sexuality was rated lowest ($M = 3.58$), although not significantly lower than Male Dominance ($M = 3.81$). Among women, Male Hostility was rated significantly higher ($M = 5.49$) than the other five scales, with Male Pathology second highest ($M = 4.46$). Male Sexuality was rated lower ($M = 3.34$) than the other five scales. Female Precipitation was rated second lowest ($M = 3.64$) and significantly lower than the remaining four scales. Thus, although only women rated MH higher than MP, both MH and MP were the highest two scales for both genders. The lowest two scales for women were FP and MS and for men, MD and MS.

Correlates of the PCR Scale

Table 2 presents the results of correlational analyses between the scales of the PCR and each of the other measures. As predicted, both MD and SS, the two distal systemic scales of the PCR, were positively related to sociocultural attributional style, the personality dimension of Intellect, Openness, or Imagina-

tion (PD Intellect), and age. Both measures were positively but weakly associated with feminist self-identification although not with attitudes toward feminism and the women's movement (FWM) or rape myth acceptance (RMA).

Both the FP and MS subscales were significantly positively related to the Stereotypes About Male Sexuality and RMA scales. Only FP was negatively associated with self-identification as a feminist (weakly) and support of feminists and the feminist movement. With the exception of the belief that human nature is variable, FP and MS were not related to the cognitive-style variables.

The contrast between Male Hostility and Male Pathology as causes of rape was indicated by different patterns of correlations between these measures and the cognitive style and attitudinal variables. Predicted positive relationships were found between MH and FWM and feminist self-identification. MH was also positively related to PD Intellect and age, and negatively related to RMA. Unlike MH, the 2-item measure of MP as a cause of rape was negatively related to the belief that human nature is complex and variable, to sociocultural attributional style, and positively related to SAMSS.

Correlates of the PCR by Gender

The correlational analysis between the PCR and the other measures was run separately for women and for men. A difference between women and men was that men's positive attitude toward feminism and the women's movement was associated with belief in MD and MH as causes of rape ($r_s = .28$ and $.27$, $p_s < .01$), yet these relationships were not found among women ($r_s = .01$ and $.10$). Other correlations were significant in one gender but not in the other; however, only the correlation between MD and FWM was significantly higher for one gender (men, $r = .28$) than the other (women, $r = .01$), $z = 1.97$, $p < .05$. Despite such differences, notable gender-related similarities were found for the correlations between belief in FP and MS as causes of rape and the convergent measures of attitudes and stereotypes, RMA and SAMSS.

Type of Rape

Seven participants (2.6%) identified acquaintance rape as the type of rape they were thinking of in answering the questionnaire. Thirty (11.2%) said they were thinking of stranger rape. The majority of participants (164, 61.2%) said they were thinking of both acquaintance and stranger rape, whereas 67 (25.0%) said they were not thinking about a specific type of rape. Thus, 86.2% of respondents reported that they were not thinking exclusively of either stranger or acquaintance rape in responding to the PCR.

Test-Retest Reliability and Discriminant Validity

To investigate the test-retest reliability and discriminant validity of the PCR, the PCR and the Marlowe-Crowne Social Desirability Scale (MCSD) (Crowne & Marlowe, 1960) were administered to 31 undergraduate students enrolled in

a social psychology class at a small Southern California university. The sample contained 26 women and 5 men, with 18 Caucasian respondents, 7 Hispanic Latino, 3 African American, and 3 who identified themselves as "other." The PCR was readministered to this sample 1 month later. Test-retest reliability of the five subscales were: Male Dominance = .67, Society/Socialization = .53, Female Precipitation = .87, Male Sexuality = .58, and Male Hostility = .69. Social desirability, as measured by the MCSD, was unrelated to any of the five measures or to Male Pathology, $ps > .05$.

DISCUSSION

PCR and its Correlates

The Perceived Causes of Rape Scale provides a brief multidimensional measure to assess five causal beliefs about rape: Male Dominance, Society/Socialization, Female Precipitation, Male Sexuality, and Male Hostility. The orthogonal factor structure of the measures was the same in both the pilot sample and the present study, and identical to that used in a study on adolescents (Cowan & Campbell, 1995), with no items cross-loaded on different subscales. An additional two items assessing the idea that rapists are crazy and mentally ill loaded separately. The psychometric properties of the Scale were adequate in terms of alpha levels. The internal consistency reliabilities were higher than the test-retest, as is generally the case (Rosenthal & Rosnow, 1991), especially when measuring belief systems that easily fluctuate among college-student populations (Fassinger, 1994).

Although the scales that should be related—the rape myths (Male Sexuality and Female Precipitation) and the sociocultural scales (Male Dominance and Society/Socialization)—were significantly more strongly interrelated than each scale was with the remaining other subscales, most of the scales were significantly positively intercorrelated. Two possible interpretations can be offered. First, a positive-response bias (Council, 1993) is likely to have occurred as all items were scored in the same direction, with a higher score on each item indicating agreement with that item as a cause of rape. The second, more substantive interpretation is that people may believe that rape is multiply determined, holding not only multiple beliefs but also multiple perspectives. That is, beliefs about the causes of rape are likely to be held as multiple necessary or multiple sufficient causal schemata. A person may hold the belief that rape is caused by both individual and sociocultural factors, by both the victim and the perpetrator, and by factors consistent with feminist theory and others that are not. For example, it is possible to believe that although the culture promotes rape, specific victim behaviors or perpetrator characteristics also determine who rapes and who is raped.

The correlations between the rape causal scales and the other scales suggest that the systemic scales of MD and SS were associated primarily with cognitive

style measures, whereas the individual causes of rape that have been identified by Burt (1991) as rape myths, MS and FP, were associated with attitudes and stereotypes. Specifically, MD and SS were associated with sociocultural attributional style, age, and the personality dimension of Intellect or Openness. FP and MS were positively associated with male sexuality stereotyping, a measure of female precipitation derived from Burt's (1980) RMA scale (Briere et al., 1985), and for FP, negatively associated with feminist self-identification and support of the feminist movement. The distinction between correlates of the FP and MS, on the one hand, and MD and SS, on the other hand, supports the usefulness of considering at least a two-dimensional approach to beliefs about the causes of rape, with MH occupying a hybrid position as an individual cause of rape, but not a rape myth.

Individual Causes of Rape

Male Hostility

Although the belief that rape is caused by mentally ill men can be viewed as an extreme version of the belief that rape is caused by angry and hostile men, the factor analysis and differential correlates of these two subscales justify the separation of male hostility and male pathology. None of the significant correlations between MH and the two items measuring MP and the other scales overlapped.

The MH scale measures individual causes of rape (i.e., a subset of men), yet it is consistent with feminist beliefs that culturally supported male animosity and resentment of women lead to rape. MH is also grounded in empirical research that implicates male anger toward women and power motivation as causes of rape (e.g., Lisak & Roth, 1988; Malamuth et al., 1995). Both women and men rated MH stronger than FP, SS, and MD, and among women, MH was rated higher than MP as well. Certainly, the emphasis on sociocultural causes in feminist theory does not obviate personal accountability of rapists for their behavior, nor does feminist theory preclude individual differences in propensity to rape. MH may be the most accessible and strongly held belief system because it blames the perpetrator, not the victim, and does not require the extra step to another level of analysis that would allow examination of the system at large. The MH scale places the blame only on certain men, not on male culture, ideology, or power.

It may be easier to educate people to blame the rapist and not the victim than it is to promote society and male dominance as causes of rape. With the MH model, rape prevention is seen as changing individuals rather than changing the social values and status of women. It is also easier to promote punishment of rapists than to promote modifying an entire cultural system.

Female Precipitation and Male Sexuality

The strong relations between the two scales blaming male sexuality and female victims for rape, and the similar correlational pattern between these scales and

both male sexuality stereotyping and acceptance of victim precipitation rape myths support Burt's (1991) and Sanday's (1996) contention that the FP and MS rape myths are not independent of one another. If one believes that men are not in control of their sexuality, it is also likely that women will be held responsible for sexually arousing and tempting men, causing them to rape.

Sociocultural Causes of Rape

Surprisingly, MD and SS were not significantly associated with positive attitudes toward feminism, nor were they negatively associated with rape myth acceptance. The sociocultural scales appear to reflect a style of viewing causality rather than an ideological stance, at least among women. Women who support feminism may have learned to avoid victim blame but may not have developed an ideological stance consistent with feminist theory about the sociocultural causes of rape.

Among male participants, the belief in MD as a cause of rape was significantly associated with positive attitudes toward feminism and the women's movement. Perhaps the men who do not rape and who are more willing to acknowledge that rape is caused by a system of male dominance understand more fully that feminism does not view them as *personally* responsible for the fact that other men rape, nor does it suggest that they are potential rapists.

Gender-Related Differences

Although fewer gender-related differences were found in the present study than in the pilot sample, they were similar to those found among adolescents (Cowan & Campbell, 1995). Men more than women supported the belief that women precipitate rape, and women more than men supported the belief that rape is caused by male hostility. In the pilot sample, women believed more than men that male dominance causes rape. Examination of gender-related differences tends to obscure the fact that in the present study both women and men rated MH as the strongest cause of rape and MS as the weakest cause. Further, whereas adolescent boys rated FP highest, college men rated MH highest, and significantly higher than FP.

Limitations of the Study

Because the distinction between individual and sociocultural causes is central to the PCR, a well-validated measure of the correspondence bias, especially as it applies to dispositional versus sociocultural causes, would have been preferable to the attributional-style measure we designed for this study. We relied on a set of conceptually relevant, but not exact, measures of the tendency to think at a social level of causation and a more complex and variable way of

thinking about human nature. Other limitations were the low reliabilities of the four cognitive-style scales and the suboptimal test–retest reliability of the PCR.

Future Research

Future research should focus on a more extensive validation of the PCR scales, with attention to multitrait/multimethod criteria. Test–retest reliability and discriminant validity need to be reexamined in future work. In a study using the PCR, Cowan and Campbell (1995) found that rape causal beliefs were related to communication and socialization variables, including communication about rape with parents and in the classroom, and exposure to X-rated pornography. These findings suggest that future research should explore the socialization agents and processes that contribute to rape causal beliefs. Future research should also explore the differential implications of believing that hostile and angry men versus crazy men rape.

Questions arise from the present study that focus less on the PCR Scale itself and more on the implications of the present findings. Why are feminists and those who approve of the feminist movement—especially women—not more supportive of the sociocultural beliefs about the causes of rape? Has feminism had a stronger impact in reducing the beliefs that victims precipitate rape than it has on promoting systemic views of rape? Does the belief in systemic or cultural causes require more than an ideology? Does it require a general ability or propensity to view causes from a sociocultural perspective? Future research should make it possible to identify the conditions that promote systemic rape causal beliefs, and to assess the impact of feminist-oriented programs on these beliefs. The perceived causes of rape matter because society's treatment of rape victims and perpetrators, the laws and institutional structures that adjudicate rape, and the strategies to stop and prevent rape depend on beliefs held about the causes of rape.

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